



ROY COOPER  
*Governor*

DOUGLAS MCVEY  
*Chairman*

## Funding Request for Well Contractors Continuing Education

Requesting Public Entity: \_\_\_\_\_  
(Such as a county health department or community college)

Contact (Name, Phone #, etc.): \_\_\_\_\_

Funding Amount Requested: \_\_\_\_\_

Proposed course date: \_\_\_\_\_ Location: \_\_\_\_\_

Hours of continuing education to be provided: \_\_\_\_\_ *(Include copy of proposed course outline)*

Cost to well contractor: \_\_\_\_\_

Has funding been previously awarded by the WCCC? \_\_\_\_\_ yes / \_\_\_\_\_ no

If so, in what amount? \_\_\_\_\_ How many NC well contractors in attendance? \_\_\_\_\_

This funding, if granted, is to be used for the sole purpose of providing continuing education to North Carolina certified well contractors.

I have read, understand and completed this form.

\_\_\_\_\_  
Signature of Applicant or Representative

\_\_\_\_\_  
Date

Mail request to the **NC Well Contractors Certification Commission** at the address listed below.

### ***For Internal Use Only***

Reviewed by: \_\_\_\_\_/\_\_\_\_\_ Date: \_\_\_\_\_

☐ Approved. Amount Granted: \_\_\_\_\_

☐ Need Info, Approved upon receipt of: \_\_\_\_\_

☐ Denied. Reason: \_\_\_\_\_

WCC-20  
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